

Sponsor Form

Sponsor's Name:					Sponsor's Duty Phone:		
Occupant's Unit:		Date of arrival:		Cell:			
Occupant's SSN:	/ /	DoD ID:		Gender:	Male	Female (circle)	
Rank, Last, First and M.I :							
Date of Rank:		First Day of Basic Training:		Date of Birth:			
By signing below I understand that I am responsible for the room key, linen and any other issued items. As a sponsor it is my duty to provide them to the new room occupant for their use.							
Signature			Date				
FOR CDMO USE ONLY							
Assigned BLDG/RM		/	Assigned Linen	YES	NO	Scheduled Inprocessing Date:	
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